	tor 1	Kenzie R. Curren	t			
		First Name	Middle Name	Last Name		
	tor 2 use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States E	Bankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN		
Cas	e number	19-48626				
(if kno					_	t if this is an ded filing
Off	ficial F	orm 106Sum				
Su	mmary	of Your Assets	and Liabilities an	d Certain Statistical Information	1	12/15
infor	mation. Fil original fo	ll out all of your schedule	es first; then complete th	are filing together, both are equally responsible e information on this form. If you are filing amen the box at the top of this page.		
					Your as Value o	ssets of what you own
1.		A/B: Property (Official Foliate 55, Total real estate, for			\$	0.00
	1b. Copy I	line 62, Total personal pro	perty, from Schedule A/B		\$	5,699.00
	1c. Copy I	ine 63, Total of all property	y on Schedule A/B		\$	5,699.00
Part	2: Sum	marize Your Liabilities				
						abilities t you owe
2.			laims Secured by Property mn A, Amount of claim, at t	(Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D.</i>	. \$	0.00
3.			Unsecured Claims (Official 1 (priority unsecured claim	Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Сору	the total claims from Part	2 (nonpriority unsecured cl	aims) from line 6j of Schedule E/F	\$	23,453.72
				Your total liabilitie	s \$	23,453.72
Part	:3: Sum	marize Your Income and	l Expenses			
4.		I: Your Income (Official For combined monthly incom		1	\$	3,446.70
	Schedule Copy your	J: Your Expenses (Official monthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>		\$	3,847.00
5.						
5. Part	4: Ansv	wer These Questions for	Administrative and Stati	stical Records		

What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,115.68

Opp the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

			1.11. (1)			
FIII In	this info	ormation to identify yo	ur case and this filing:			
Debto	or 1	Kenzie R. Curr	ent Middle Name	Last Name		
Debto	or 2 e, if filing)	First Name	Middle Name	Last Name		
` '		Bankruptcy Court for the				
Office	u Siales i	Bankruptcy Court for the	EASTERN DISTRICT OF	MICHIGAN		
Case	number	19-48626				☐ Check if this is an amended filing
						amenaea ming
∩ffi	cial F	orm 106A/B				
		ıle A/B: Pro	norty			40/45
				nce. If an asset fits in more than or	ne category list the asset	in the category where you
think it	t fits best.	Be as complete and accore space is needed, atta	urate as possible. If two marrie	d people are filing together, both ar n. On the top of any additional page	e equally responsible for	supplying correct
Part 1	: Descril	be Each Residence, Build	ling, Land, or Other Real Estate	You Own or Have an Interest In		
1. Do 1	you own c	or have any legal or equita	able interest in any residence, b	ouilding, land, or similar property?		
.	No. Go to F	2-40	•			
_		e is the property?				
	_					
Part 2	Descri	be Your Vehicles				
	rs, vans, No	•	utility vehicles, motorcycle	ele G: Executory Contracts and Ui	ехрива свазез.	
		laan			Do not deduct secure	claims or exemptions. Put
3.1	Make: Model:	Jeep Liberty	Who has an interest	est in the property? Check one	the amount of any sec	ured claims on Schedule D: Claims Secured by Property.
	Year:	2010	Debtor 2 only		Current value of the	Current value of the
		nate mileage:	Debtor 1 and D	ebtor 2 only	entire property?	portion you own?
	Other info	ormation:	At least one of	the debtors and another		
	Lease		Check if this is (see instructions)	s community property	Unknowr	Unknown
Example 5 Acc.pa	nmples: Both No Yes Idd the do Iges you Descrit	oats, trailers, motors, per ollar value of the portic have attached for Par one Your Personal and Ho	ersonal watercraft, fishing ves on you own for all of your er t 2. Write that number here.	al vehicles, other vehicles, and sels, snowmobiles, motorcycle activities from Part 2, including any	ccessories / entries for	\$0.00 Current value of the portion you own? Do not deduct secured claims or exemptions.
		goods and furnishing	S ura linana china kitchanwara			dains of exemptions.

Official Form 106A/B

□ No

page 1

Schedule A/B: Property

Debtor 1	Kenzie R. C	urrent	Case number (if known)	19-48626
■ Yes	s. Describe			
		Living Room Furniture		\$1,200.00
		Dining Room Furniture		\$1,000.00
				\$200.00
		Bedroom Furniture		\$800.00
□ No	ples: Televisions a	nd radios; audio, video, stereo, and digital equipment; compute phones, cameras, media players, games	ers, printers, scanners; music c	ollections; electronic devices
		(3) televisions		\$500.00
		desktop computer		\$300.00
<i>Exam</i> _l □ No		figurines; paintings, prints, or other artwork; books, pictures, oons, memorabilia, collectibles	or other art objects; stamp, coin,	or baseball card collections;
		CD & DVD collection		\$100.00
Examp ■ No □ Yes 10. Firea Exam	musical instr s. Describe rms	graphic, exercise, and other hobby equipment; bicycles, pool t	tables, golf clubs, skis; canoes a	and kayaks; carpentry tools;
☐ No		othes, furs, leather coats, designer wear, shoes, accessories		
		Women's Clothing and Shoes		\$1,000.00
☐ No		welry, costume jewelry, engagement rings, wedding rings, heir	rloom jewelry, watches, gems, g	
		Women's Jewelry		\$500.00
Exan ■ No	farm animals nples: Dogs, cats, s. Describe	birds, horses		

Official Form 106A/B

Schedule A/B: Property

De	ebtor 1	Kenzie R. Current		Case number (if known)	19-48626
14.	Any ot ■ No	her personal and household i	tems you did not alrea	dy list, including any health aids you did not list	
	☐ Yes.	Give specific information			
15		the dollar value of all of your eart 3. Write that number here .		luding any entries for pages you have attached	\$5,400.00
		scribe Your Financial Assets			
Do	o you ov	vn or have any legal or equita	ble interest in any of th	ne following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	□ No	oles: Money you have in your w		safe deposit box, and on hand when you file your petitio	on
				Cash	\$20.00
	Exam _l ■ No	institutions. If you have mu	ultiple accounts with the		ouses, and other similar
	☐ Yes		In	stitution name:	
	Exam _l ■ No	, mutual funds, or publicly tra		rms, money market accounts	
19.		ublicly traded stock and intere enture	ests in incorporated ar	nd unincorporated businesses, including an interest	t in an LLC, partnership, and
		Give specific information about Name of		% of ownership:	
20.	Negoti	iable instruments include persor	nal checks, cashiers' che	nd non-negotiable instruments ecks, promissory notes, and money orders. someone by signing or delivering them.	
	☐ Yes.	Give specific information about Issuer na			
21.	Exam	ment or pension accounts oles: Interests in IRA, ERISA, Ko	eogh, 401(k), 403(b), thr	rift savings accounts, or other pension or profit-sharing p	plans
	■ No □ Yes.	List each account separately. Type of acc	count: In:	stitution name:	
22.	Your s		have made so that you	may continue service or use from a company lities (electric, gas, water), telecommunications compan	ies, or others
	☐ Yes.		In	stitution name or individual:	
	■ No			either for life or for a number of years)	
	☐ Yes		·	NO. 5	
∠ 4.		ts in an education IRA, in an a C. §§ 530(b)(1), 529A(b), and 5		ABLE program, or under a qualified state tuition pro	gram.

Official Form 106A/B Schedule A/B: Property page 3

De	ebtor 1	Kenzie R.	Current			Case number (if known)	19-48626	
	■ No							
	■ No □ Yes		Institution name an	d description. Separately file	he records of any intere	ests.11 U.S.C. § 521(c):		
25.	Trusts,	, equitable or	future interests in	property (other than anythi	ng listed in line 1), and	rights or powers exer	cisable for your benefit	
		Give specific	information about th	nem				
26.				e secrets, and other intellect sites, proceeds from royalties		ts		
	☐ Yes.	Give specific	information about th	nem				
27.			es, and other gener permits, exclusive lice	al intangibles censes, cooperative association	on holdings, liquor licens	ses, professional license	es	
	■ No □ Yes.	Give specific	information about th	nem				
M	oney or	property owe	ed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.	
28.		unds owed to	o you				·	
	□ No	Give specific	information about th	em, including whether you alro	eady filed the returns an	d the tay years		
	— 163.	Oive specific	illioittiation about th	em, medding whether you am	eady filed the returns an	u tile tax years		
						٦		
				18 Federal tax refund		Federal	\$279.00)
	■ No		or lump sum alimor information	y, spousal support, child supp	oort, maintenance, divor	ce settlement, property :	settlement	
30.		oles: Unpaid w		rance payments, disability bea	nefits, sick pay, vacation	n pay, workers' compen	sation, Social Security	
		Give specific	information					
31.		ts in insuran oles: Health, d		ance; health savings account	(HSA); credit, homeown	er's, or renter's insuran	ce	
		Name the ins	urance company of c Company r	each policy and list its value.	Beneficiar	y:	Surrender or refund	
32.	If you a			u from someone who has di , expect proceeds from a life i		currently entitled to rece	value: ive property because	
	☐ Yes.	Give specific	information					
33.				or not you have filed a lawsuites, insurance claims, or right		or payment		
	_	Describe eac	ch claim					
34.	Other o	contingent ar	nd unliquidated cla	ims of every nature, includi	ng counterclaims of th	e debtor and rights to	set off claims	
	☐ Yes.	Describe eac	h claim					
Off	icial Forn	n 106A/R		Schedule A/R	Property		nane	1

Debt	or 1 Kenzie R. Current		Case number (if known)	19-48626
35. A	any financial assets you did not already list			
	No			
	Yes. Give specific information			
	Add the dollar value of all of your entries from Part 4, for Part 4. Write that number here			\$299.00
Part !	5: Describe Any Business-Related Property You Own or Have	ve an Interest In. List any real esta	ate in Part 1.	
37. D e	o you own or have any legal or equitable interest in any busir	ness-related property?		
	No. Go to Part 6.			
	Yes. Go to line 38.			
Part (6: Describe Any Farm- and Commercial Fishing-Related Pro If you own or have an interest in farmland, list it in Part 1.	perty You Own or Have an Intere	st In.	
46. D	o you own or have any legal or equitable interest in a	ny farm- or commercial fishir	ng-related property?	
_	No. Go to Part 7.	•		
ı	Yes. Go to line 47.			
Part 7	7: Describe All Property You Own or Have an Interest in	That You Did Not List Above		
rait	Describe All Property fou Own or have an interest in	Titlat fou blu Not List Above		
53. D	o you have other property of any kind you did not alro	eady list?		
	Examples: Season tickets, country club membership			
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7.	Write that number here		\$0.00
Part 8	List the Totals of Each Part of this Form		-	
55.	Part 1: Total real estate, line 2			\$0.00
	Part 2: Total vehicles, line 5	\$0.00		
	Part 3: Total personal and household items, line 15	\$5,400.00		
	Part 4: Total financial assets, line 36	\$299.00		
	Part 5: Total business-related property, line 45	\$0.00		
	Part 6: Total farm- and fishing-related property, line 5			
	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$5,699.00	Copy personal property to	stal \$5,699.00
63.	Total of all property on Schedule A/B. Add line 55 + lin	e 62		\$5,699.00
			L	

Official Form 106A/B Schedule A/B: Property page 5

Fill in this infor	TOTAL TOTAL				
Debtor 1	Kenzie R. Curren	t			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F MICHIGAN		
Case number	19-48626				
(if known)				☐ Check if this is an amended filing	

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)						
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)				
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Check only or Schedule A/B		ck only one box for each exemption.		
	Living Room Furniture Line from Schedule A/B: 6.1	\$1,200.00		\$1,200.00	11 U.S.C. § 522(d)(3)	
	Line IIoiii Scredule Arb. 6.1			100% of fair market value, up to any applicable statutory limit		
	Dining Room Furniture Line from Schedule A/B: 6.2	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)	
	Line from <i>Schedule A/B</i> : 6.2			100% of fair market value, up to any applicable statutory limit		
	Bedroom Furniture Line from Schedule A/B: 6.3	\$800.00		\$800.00	11 U.S.C. § 522(d)(3)	
	Line Ironi Scredule Arb. 0.3		100% of fair market value, up to any applicable statutory limit			
	(3) televisions Line from Schedule A/B: 7.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)	
	Line Holli Schedule PAB. 1.1			100% of fair market value, up to any applicable statutory limit		
	desktop computer Line from Schedule A/B: 7.2	\$300.00		\$300.00	11 U.S.C. § 522(d)(3)	
	Line Iron Scredule A/D. 1.2			100% of fair market value, up to any applicable statutory limit		

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	mount of the ex	emption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	heck only one b	ox for each exemption.	
	CD & DVD collection Line from Schedule A/B: 8.1	\$100.00	I	\$100.00	11 U.S.C. § 522(d)(5)
	Zino nom osinodalo 702. ett			ir market value, up to able statutory limit	
	Women's Clothing and Shoes Line from Schedule A/B: 11.1	\$1,000.00	I	\$1,000.00	11 U.S.C. § 522(d)(3)
	Ellie II olii osii odalo 702.			ir market value, up to able statutory limit	
	Women's Jewelry Line from Schedule A/B: 12.1	\$500.00	I	\$500.00	11 U.S.C. § 522(d)(4)
	Line IIIII Schedule PAB. 12.1			ir market value, up to able statutory limit	
	Cash Line from Schedule A/B: 16.1	\$20.00	I	\$20.00	11 U.S.C. § 522(d)(5)
	Ellie II olii ochedale PVB. 10.1			ir market value, up to able statutory limit	
	Federal: 18 Federal tax refund Line from Schedule A/B: 28.1	\$279.00		\$279.00	11 U.S.C. § 522(d)(5)
	Line Ironi Schedule AVD. 20.1			ir market value, up to able statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every ■ No □ Yes. Did you acquire the property cover	3 years after that for ca		•	
	□ No □ Yes				

Fill in this information to identify you	ur case:				
Debtor 1 Kenzie R. Curre		t Name			
Debtor 2					
(Spouse if, filing) First Name	Middle Name Las	t Name			
United States Bankruptcy Court for the	EASTERN DISTRICT OF MICHIGA	N			
Case number 19-48626					
(if known)				☐ Check	c if this is an
					ded filing
Official Form 106D					
Schedule D: Creditors	s Who Have Claims Se	cured	by Propert	y	12/15
	If two married people are filing together, bo out, number the entries, and attach it to thi				
1. Do any creditors have claims secured b	y your property?				
☐ No. Check this box and submit t	this form to the court with your other sche	dules. Yo	ou have nothing else t	o report on this form.	
■ Yes. Fill in all of the information	below.		· ·	·	
Part 1: List All Secured Claims					
	more than one secured claim, list the creditor s s a particular claim, list the other creditors in Pa ical order according to the creditor's name.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 ally	Describe the property that secures the cl	aim:	Unknown	Unknown	Unknown
Creditor's Name	2010 Jeep Liberty Lease				
P.O. Box 951 Horsham, PA 19044	As of the date you file, the claim is: Check apply. Contingent	all that			
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	An agreement you made (such as mortg	age or sec	ured		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	c's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
Date debt was incurred	Last 4 digits of account number				
Add the dollar value of your entries in C	Column A on this page. Write that number h	ere:	9	50.00	
If this is the last page of your form, add Write that number here:				60.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

Fill in this in	formation to identify your or	~~			
	formation to identify your ca	se:			
Debtor 1	Kenzie R. Current First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN		
Case number	r 19-48626				
(if known)	19-40020			☐ Check if this is an	
				amended filing	
Official Fo	orm 106E/F				
	E/F: Creditors Wh	o Have Unsecu	red Claims	12/15	
			RIORITY claims and Part 2 for creditors w		arty to
eft. Attach the name and case		If you have no information	ace is needed, copy the Part you need, fil n to report in a Part, do not file that Part. 0		
1. Do any cre	editors have priority unsecured	claims against you?			
■ No. Go	to Part 2.				
☐ Yes.					
	of All of Vous NONDDIODITY	Umanasuma d Claima			
	st All of Your NONPRIORITY editors have nonpriority unsecu				
	u have nothing to report in this par		urt with your other schedules		
Yes.	a mave nothing to report in this par	. Odbinit tins form to the oot	art with your other sorreduces.		
unsecured	claim, list the creditor separately for	or each claim. For each clair	er of the creditor who holds each claim. If m listed, identify what type of claim it is. Do n .If you have more than three nonpriority unse	ot list claims already included in Part 1. If mo	
ruit 2.				Total claim	
	m Operational Loans I Tr	ust Last 4 digits	of account number	\$45	7.08
	,	When was th	ne debt incurred?		
	er Street City State Zip Code incurred the debt? Check one.	As of the dat	te you file, the claim is: Check all that apply		
■ De	ebtor 1 only	☐ Contingen	nt		
□ De	ebtor 2 only	☐ Unliquidat	ted		
□ De	ebtor 1 and Debtor 2 only	☐ Disputed			
☐ At	least one of the debtors and anoth		IPRIORITY unsecured claim:		
	neck if this claim is for a commu	_			
debt Is the	claim subject to offset?	☐ Obligation report as prio	ns arising out of a separation agreement or di rity claims	vorce that you did not	
■ No	•		pension or profit-sharing plans, and other sim	ilar debts	
☐ Ye		.	ecify collections		

Debto	or 1 Kenzie R. Current	Case number (if known) 19-48626	
4.2	Amazon Chase	Last 4 digits of account number	\$2,000.00
4.2	Nonpriority Creditor's Name PO Box 15298	When was the debt incurred?	φ2,000.00
	Wilmington, DE 19850 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify unsecured line of credit	
4.3	American Express	Last 4 digits of account number 1004	\$0.00
	Nonpriority Creditor's Name PO Box 297879	When was the debt incurred? 5/26/19	
	c/o Blue Delta Sky Miles Fort Lauderdale, FL 33329-7879		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit card	
4.4	Capital One Bank (USA), N.A. Nonpriority Creditor's Name	Last 4 digits of account number 8396	\$928.80
	P.O. Box 30281 Salt Lake City, UT 84130-0281	When was the debt incurred? 5/18/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐Yes	■ Other. Specify Credit card	

Chase Bank USA	Last 4 digits of account number	\$945.00
lonpriority Creditor's Name P.O. Box. 15298 Vilmington, DE 19850	When was the debt incurred?	
umber Street City State Zip Code /ho incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
ebt s the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	$\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify unsecured line of credit	
Comcast Cable	Last 4 digits of account number	Unknown
onpriority Creditor's Name P.O.Box 3005 Southeastern, PA 19398-3005	When was the debt incurred?	
lumber Street City State Zip Code /ho incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
ebt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify past due cable	
Credit One Bank	Last 4 digits of account number 1958	\$1,762.16
lonpriority Creditor's Name P.O. Box 98872 .as Vegas, NV 89193	When was the debt incurred? 5/20/19	
lumber Street City State Zip Code /ho incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
ebt	Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
■ No] Yes	Other. Specify collections	

Debtor	1 Kenzie R. Current	Case number (if known) 19-48626	
	Delta American Express Nonpriority Creditor's Name PO Box 00001 Los Angeles, CA 90096-8000	Last 4 digits of account number When was the debt incurred?	\$1,200.00
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify unsecured line of credit	
4.9	DirectTV	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name PO Box 6414 Carol Stream, IL 60197-6414	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify _ past due collections	
4.1	DTE	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 2000 Third St. Detroit, MI 48226	When was the debt incurred?	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify past due utility collections	

Kenzie R. Current	Case number (if known) 19-48626	
First Premier Bank	Last 4 digits of account number	Unknow
Nonpriority Creditor's Name PO Box 5528	When was the debt incurred?	
Sioux Falls, SD 57117-5519	As of the date countile, the plates in O	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
ls the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify credit card	
Genesis FS Card Services	Last 4 digits of account number 2351	\$707.7
Nonpriority Creditor's Name PO Box 4477	When was the debt incurred? 5/13/19	
Beaverton, OR 97074-4477	when was the dept incurred? 3/13/19	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify credit card	
National Collegiate Student Loan Nonpriority Creditor's Name	Last 4 digits of account number	\$10,026.5
PO Box 5016	When was the debt incurred?	
Rochester, MI 48308		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
■ NO		

Debto	r 1 Kenzie R. Current	Case number (if known) 19-48626	
4.1 4	Nordstrom Card Services	Last 4 digits of account number 1015	\$2,218.83
	Nonpriority Creditor's Name PO Box 6566 Englewood, CO 80155-6566	When was the debt incurred? 5/07/19	_
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit card	_
4.1	Paypal Credit	Last 4 digits of account number	\$2,500.00
	Nonpriority Creditor's Name PO Box 960061	When was the debt incurred?	
	Edneyville, NC 28727-1202 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify unsecured line of credit	_
4.1	Victoria Secret	Last 4 digits of account number 2468	\$707.60
	Nonpriority Creditor's Name PO Box 659728	When was the debt incurred? 5/7/19	
	San Antonio, TX 78265-9728 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, a contract the state of the s	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify credit card	_

Part 3: List Others to Be Notified About a Debt That You Already Listed

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Kenzie R. Current		Case number (if known) 19-48626				
afni	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
1310 Martin Luther King Drive Bloomington, IL 61702-3517		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Bloomington, in 01702 3317	Last 4 digits of account number	1301				
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?				
LVNV Funding	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
PO Box 10497 Greenville, SC 29603		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Greenvine, 30 23003	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?				
Shermeta Law Group, PLLC	Line 4.13 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
PO Box 5016 Rochester, MI 48308		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Troution, iiii 40000	Last 4 digits of account number	06GC				
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?				
United Collection Bureau, Inc.	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
5620 Southwyck Blvd. Ste. (419) 866-6221		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Toledo, OH 43614	Last 4 digits of account number	5552				
	č					

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				 3.00
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 23,453.72
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 23,453.72

Fill in this infor	Fill in this information to identify your case:					
Debtor 1 Kenzie R. Current						
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN			
Case number	19-48626					
(if known)	13 40020					Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					<u></u>
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3			<u> </u>		
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5	,				
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	

Fill in this	information to identify your	case:			
Debtor 1	Kenzie R. Curren	t			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN		
Case num (if known)	ber 19-48626				if this is an led filing
	l Form 106H Iule H: Your Cod	ebtors			12/15
people are fill it out, a	filing together, both are equ	ally responsible for sup boxes on the left. Attac	pplying correct information the Additional Page to	complete and accurate as possible. If on. If more space is needed, copy the this page. On the top of any Addition	Additional Page,
1. Do	you have any codebtors? (If	you are filing a joint case	, do not list either spouse	as a codebtor.	
■ No □ Yes	S				
Arizor No.	na, California, Idaho, Louisiana, . Go to line 3.	Nevada, New Mexico, P	uerto Rico, Texas, Washir	? (Community property states and territo igton, and Wisconsin.)	<i>ries</i> include
☐ Yes	s. Did your spouse, former spou	use, or legal equivalent liv	ve with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guara	ntor or cosigner. Make s	f your spouse is filing with you. List th ure you have listed the creditor on Sch G). Use Schedule D, Schedule E/F, or	hedule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and Z	P Code		Column 2: The creditor to whom you Check all schedules that apply:	u owe the debt
3.1	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line	
-	Number Street City	State	ZIP Code	-	
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line	
-	Number Street City	State	ZIP Code	-	

Fill	in this information to ide	entify your ca	se:									
Deb	otor 1 Ke	enzie R. Cu	rrent									
	otor 2											
Uni	ted States Bankruptcy C	Court for the:	EASTERN DISTRICT	OF MICHIO	GAN							
	se number 19-486	26		_				Check	if this is:			
(If kn	nown)								amende	J		
_											g postpetition ollowing date	
O_1	fficial Form 10	<u>)61</u>						MN	M / DD/ Y	YYY		
S	chedule I: Yo	ur Inco	ome									12/15
spo atta	use. If you are separat	ed and your this form. C	are married and not filing wi spouse is not filing wi On the top of any addition	ith you, do	not include	inforı	matic	n about	your spo	use. If mo	ore space is	needed,
1.	Fill in your employment information.	ent		Debtor 1					Debtor 2	or non-fi	ling spouse	
		you have more than one job,		■ Employed				☐ Employed				
attach a separate page with information about additional		Employment status	☐ Not employed				☐ Not employed					
	employers.		Occupation	Team L	eader							
	Include part-time, seas self-employed work.	sonal, or	Employer's name	Amrock	(
	Occupation may include or homemaker, if it app		Employer's address		odward Av MI 48226	е.						
			How long employed the	here?	8 years				_			
Par	t 2: Give Details	About Mon	thly Income									
	mate monthly income use unless you are sepa		te you file this form. If y	you have no	othing to repo	rt for	any li	ine, write	\$0 in the	space. Inc	clude your no	on-filing
	u or your non-filing spou e space, attach a separa		re than one employer, co	ombine the i	information fo	r all e	emplo	yers for th	nat perso	n on the li	nes below. If	you need
								For Debt	tor 1		btor 2 or ing spouse	
2.			y, and commissions (be alculate what the monthl			2.	\$	5,5	541.84	\$	N/A	_
3.	Estimate and list mo	nthly overti	me pay.			3.	+\$		0.00	+\$	N/A	- -
4.	Calculate gross Inco	me. Add lin	e 2 + line 3.			4.	\$	5,54 ⁻	1.84	\$	N/A	

Debtor 1 Kenzie R. Current Case number (if known) 19-48626

5a. Tax, Medicare, and Social Security deductions 5a. Sa. \$ 1,11 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5g. Union dues 5h. Other deductions. Specify: 401(K) Loan 1 AFLAC - Accident AFLAC - Hospital Critical Illness Enhanced LTD Optional AD&D Optional Life Insurance Pet Insurance Gym Membership 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 2,05	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	N/A N/A N/A N/A N/A
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Soc. Soc. Soc. Soc. Soc. Soc. Soc. So	43.37 \$ 0.00 \$ 0.00 \$ 01.50 \$	N/A
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Soc. \$ 5c. Soc. \$ 5c. Soc. \$ 5d. Required repayments of retirement fund loans 5d. Se. Insurance 5f. Domestic support obligations 5g. Union dues 5g. Union dues 5g. Soc. \$ 5h. Other deductions. Specify: 401(K) Loan 1 AFLAC - Accident AFLAC - Hospital Critical Illness Enhanced LTD Optional AD&D Optional AD&D Optional Life Insurance Pet Insurance Gym Membership Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 2,0 Calculate total monthly take-home pay. Subtract line 6 from line 4. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8d. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$	43.37 \$ 0.00 \$ 0.00 \$ 01.50 \$	N/A
5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Required repayments of retirement fund loans 5c. Insurance 5c. Domestic support obligations 5c. Union dues 5c.	43.37 \$ 0.00 \$ 0.00 \$ 01.50 \$	N/A
5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5f. \$ 5g. Union dues 5h. Other deductions. Specify: 401(K) Loan 1 AFLAC - Accident AFLAC - Hospital Critical Illness Enhanced LTD Optional AD&D Optional Life Insurance Pet Insurance Gym Membership 5d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 5d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 5d. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent receipts, ordinary and necessary business expenses, and the total monthly net income. 8d. Unemployment compensation 8d. Sec. Social Security 8f. Other government assistance that you regularly receive Include asim assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8d. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 40. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 41. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	0.00 \$ 0.00 \$ 01.50 \$	
5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5f. Sp. Union dues 5g. Union dues 5h. Other deductions. Specify: 401(K) Loan 1	0.00 \$ 01.50 \$	NI//
5e. Insurance 5f. Domestic support obligations 5f. Sg. \$ Sh. Other deductions. Specify: 401(K) Loan 1 AFLAC - Accident AFLAC - Hospital Critical Illness Enhanced LTD Optional AD&D Optional Life Insurance Pet Insurance Gym Membership Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 2,09 Calculate total monthly take-home pay. Subtract line 6 from line 4. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$	01.50 \$	N/A
5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: 401(K) Loan 1 AFLAC - Accident AFLAC - Hospital Critical Illness Enhanced LTD Optional AD&D Optional Life Insurance Pet Insurance Gym Membership Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$		N/A
5g. Union dues 5h. Other deductions. Specify: 401(K) Loan 1 AFLAC - Accident AFLAC - Hospital Critical Illness Enhanced LTD Optional AD&D Optional Life Insurance Pet Insurance Gym Membership Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$	U.UU #	N/A
Sh. Other deductions. Specify: 401(K) Loan 1 AFLAC - Accident AFLAC - Hospital Critical Illness Enhanced LTD Optional AD&D Optional Life Insurance Pet Insurance Gym Membership Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive linclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$	0.00 \$	N/A
AFLAC - Accident AFLAC - Hospital Critical Illness Enhanced LTD Optional AD&D Optional Life Insurance Pet Insurance Gym Membership Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,4. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 8d. Unemployment compensation 8d. \$ 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$	14.49 + \$	N/A
AFLAC - Hospital Critical Illness Enhanced LTD Optional AD&D Optional Life Insurance Pet Insurance Gym Membership Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 2,0t Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,4. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ Incomplement compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$	15.17 \$	N/A
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Pet Insurance Gym Membership Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 8d. Unemployment compensation 8d. \$ 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	7.19 \$	N/A
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Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,44 List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 8d. Unemployment compensation 8d. \$ 8e. \$ 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8d. \$ 8d. \$ 8f. \$ 8d. \$ 8d. \$ 8f. \$ 8d. \$ 8d. \$ 8e. \$ 8f. \$ 8f. \$ 8g. \$ 8h. Other monthly income. Specify: 8h. + \$	73.02 40.00 \$	N/A N/A
Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,4. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 8b. Interest and dividends 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 8d. Unemployment compensation 8d. \$ 8e. Social Security 8e. \$ 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 8g. Pension or retirement income 8g. \$ 8h. Other monthly income. Specify: 8h.+ \$ 8h. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$	<u>+υ.υυ</u>	IN/A
8a. Net income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. + \$ Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$	<u>95.14</u> \$	N/A
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 8d. Unemployment compensation 8d. \$ 8e. Social Security 8e. \$ 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. + \$ Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$	46.70 \$	N/A
regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 8d. Unemployment compensation 8e. Social Security 8e. \$ 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 8g. Pension or retirement income 8g. \$ 8h. Other monthly income. Specify: 8h. 4dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ \$	0.00 \$ 0.00 \$	N/A N/A
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8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 8h. Other monthly income. Specify: 8h. 4dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 9. \$	0.00 \$	N/A
8h. Other monthly income. Specify: 8h.+ \$ 8h.+ \$ 8h. 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 9h. 9. \$ 9h. 8h.+ \$ 9h. 9. \$ 9h. 8h.+ \$	0.00 \$	N/A
Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$	0.00 \$	N/A
<u> </u>	0.00 + \$	N/A
0. Calculate monthly income. Add line 7 + line 9.	0.00 \$	N/A
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	+ \$	N/A = \$3,446.7
1. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roo other friends or relatives.	mmates, and	
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay exper Specify:	ises listed in Sch	hedule J. 11. +\$ 0.0
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined m. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Relationary of Schedules and Statistical Summary of Certain Liabilities and Relationary of Schedules and Statistical Summary of Certain Liabilities and Relationary of Schedules and Statistical Summary of Certain Liabilities and Relationary of Schedules and Statistical Summary of Certain Liabilities and Relationary of Schedules and Statistical Summary of Certain Liabilities and Relationary of Schedules and Statistical Summary of Certain Liabilities and Relationary of Schedules and Statistical Summary of Schedules and Statistical Schedules and Schedules and Statistical Schedules and S		12. \$ 3,446.7
applies		Combined

Debtor 1	Kenzie R. Curre	ent	Case number (if known)	19-48626		
13. D c	you expect an inci No.	ease or decrease within the year after you file this form?				
	Yes. Explain:					

Fill	in this informa	tion to identify yo	our case:					
Debt		Kenzie R. Cı				Check	c if this is:	
		11011210 111 01					An amended filing	
	tor 2 buse, if filing)							ving postpetition chapter the following date:
` '		uptcy Court for the	: EASTE	RN DISTRICT OF MICHIG	GAN		MM / DD / YYYY	
	nown)	9-48626						
Of	ficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	nses				12/15
Be a	as complete a	and accurate as	possible eded, atta	. If two married people ar ich another sheet to this				
Part 1.	Describe the description of the	ribe Your House nt case?	hold					
	■ No. Go to		in a separ	ate household?				
	□ N □ Y	_	st file Offic	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of Debto	or 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes ☐ No
								□ No □ Yes
								□ No
								☐ Yes
								□ No
	_							☐ Yes
3.		penses include f people other t	han _	No				
		d your depende		Yes				
		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	value of sucl icial Form 10		d have ind	cluded it on Schedule I: Y	our Income		Your exp	enses
4.		or home owners and any rent for th		uses for your residence. In or lot.	nclude first mortgage	4. \$		1,000.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		110.00
		•		upkeep expenses		4c. \$		150.00
		owner's associa				4d. \$		0.00
5.	Additional r	mortgage paym	ents for ye	our residence, such as ho	me equity loans	5. \$		0.00

Schedule J: Your Expenses 19-48626-pjs Doc 12 Filed 06/24/19 Entered 06/24/19 13:11:17 Page 23 of 31 Official Form 106J

Debtor 1 _I	Kenzie R. Current	Case numl	ber (if known)	19-48626
6. Utilitie	s:			
	Electricity, heat, natural gas	6a.	\$	320.00
	Nater, sewer, garbage collection	6b.	\$	87.00
6c.	Felephone, cell phone, Internet, satellite, and cable services	6c.	\$	153.00
6d. (Other. Specify:	6d.	\$	0.00
7. Food a	and housekeeping supplies	7.	\$	400.00
B. Childo	are and children's education costs	8.	\$	0.00
9. Clothi	ng, laundry, and dry cleaning	9.	\$	100.00
0. Persoi	nal care products and services	10.	\$	150.00
1. Medica	al and dental expenses	11.	\$	80.00
12. Transp	portation. Include gas, maintenance, bus or train fare.			250.00
	include car payments.	12.	·	350.00
	ainment, clubs, recreation, newspapers, magazines, and books	13.	·	100.00
	able contributions and religious donations	14.	\$	100.00
5. Insura				
	include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	¢	0.00
			·	0.00
	Health insurance /ehicle insurance	15b.	·	0.00
		15c. 15d.	·	328.00
	Other insurance. Specify:	150.	Ф	0.00
Specify		16.	\$	0.00
	ment or lease payments: Car payments for Vehicle 1	170	c	254.00
	1,7	17a.	·	354.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify: Dog food Other. Specify:	17c. 17d.	*	65.00
	ayments of alimony, maintenance, and support that you did not report as		Φ	0.00
	ted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		\$	0.00
	payments you make to support others who do not live with you.		\$	0.00
Specify		19.	· 	
0. Other	real property expenses not included in lines 4 or 5 of this form or on Scho	edule I: Yo	ur Income.	
20a. I	Mortgages on other property	20a.	\$	0.00
20b. I	Real estate taxes	20b.	\$	0.00
20c. I	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. I	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. I	Homeowner's association or condominium dues	20e.	\$	0.00
1. Other:	Specify:	21.	+\$	0.00
2. Calcul	ate your monthly expenses			
	dd lines 4 through 21.		\$	3,847.00
	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	0,047.00
	dd line 22a and 22b. The result is your monthly expenses.		\$	3,847.00
220. A	ad line 22a and 22b. The result is your monthly expenses.		Ψ	3,847.00
Calcul	ate your monthly net income.			_
23a. (Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,446.70
23b. (Copy your monthly expenses from line 22c above.	23b.	-\$	3,847.00
	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	-400.30
For exa modification No.	respect an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you tition to the terms of your mortgage?			ase or decrease because of a
☐ Yes	Explain here:			

Schedule J: Your Expenses 19-48626-pjs Doc 12 Filed 06/24/19 Entered 06/24/19 13:11:17 Page 24 of 31 Official Form 106J

Fill in this inforn	nation to identify your	case:					
Debtor 1	Kenzie R. Curren	t					
	First Name	Middle Name	Las	Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Las	Name			
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT O	F MICHIGA	N			
Case number _1 (if known)	19-48626					_	ck if this is an nded filing
Official Form Declarat		ın Individual	Debte	or's Sche	dules		12/15
If two married pe	ople are filing togethe	r, both are equally respor	nsible for s	upplying correct in	nformation.		
obtaining money		le bankruptcy schedules n connection with a bank 519, and 3571.					
Sign	n Below						
Did you pay	y or agree to pay some	one who is NOT an attor	ney to help	you fill out bankru	uptcy forms?		
■ No							
☐ Yes. N	lame of person						Preparer's Notice, (Official Form 119)
	ity of perjury, I declare true and correct.	that I have read the sumi	mary and s	chedules filed with	n this declarati	on and	
X /s/ Ken	zie R. Current		х				
Kenzie	R. Current re of Debtor 1			Signature of Debto	or 2		
Date J	lune 24, 2019			Date			

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill	l in this infor	mation to identify you	r case:			
De	btor 1	Kenzie R. Currei				
De	btor 2	First Name	Middle Name	Last Name		
	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Ba	ankruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Ca	se number	19-48626				
(if k	nown)					heck if this is an
					a	mended filing
\bigcirc f	fficial Fo	rm 107				
			Affairs for Individ	duals Filing for B	ankruntcy	4/19
info	rmation. If n	nore space is needed,	attach a separate sheet to		equally responsible for sup additional pages, write you	
nun	nber (if know	n). Answer every ques	stion.			
Pa	rt 1: Give I	Details About Your Ma	arital Status and Where You	Lived Before		
1.	What is you	ır current marital statu	ıs?			
	☐ Married	i				
	■ Not ma	rried				
2.	During the l	last 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	_	st all of the places you I	ived in the last 3 years. Do no	ot include where you live now	·.	
	Debtor 1 P	rior Address:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2
			lived there			lived there
3.					ity property state or territory	
stat	es and territor	ries include Arizona, Ca	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto Ri	co, Texas, Washington and W	isconsin.)
	■ No					
	☐ Yes. Ma	ake sure you fill out <i>Scl</i>	hedule H: Your Codebtors (Of	fficial Form 106H).		
Pa	rt 2 Expla	in the Sources of You	r Income			
4.	Did you hay	ve any income from en	nnloyment or from operatin	a a husiness during this ve	ear or the two previous caler	ndar vears?
	Fill in the tot	al amount of income yo	u received from all jobs and a have income that you receive	all businesses, including part-	time activities.	idai youro.
	□ No					
	Yes. Fi	ll in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
Fr.	om January 1	of current year until	-	·	□ Wogoo operationing	and exclusions;
		ed for bankruptcy:	Wages, commissions, bonuses, tips	\$28,517.74	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

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7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name and Address

Dates of payment

Total amount paid

Amount you still owe

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De	btor 1 Kenzie F	R. Current		Cas	e number (if known)	19-48626	
8.	insider?	efore you filed for bankruptcy, s on debts guaranteed or cosign		ments or transfer a	iny property on a	ccount of a d	ebt that benefited an
	■ No						
		payments to an insider					
	Insider's Name	and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment litor's name
Pai	rt 4: Identify Le	egal Actions, Repossessions,	and Foreclosures				
9.	List all such matt	efore you filed for bankruptcy, ters, including personal injury ca nd contract disputes.					
	■ No □ Yes. Fill in t	the details.					
	Case title Case number		Nature of the case	Court or agency		Status of th	e case
10.		efore you filed for bankruptcy, oply and fill in the details below.	was any of your prope	erty repossessed, f	oreclosed, garnis	shed, attached	d, seized, or levied?
	■ No. Go to line 11. □ Yes. Fill in the information below.						
	Creditor Name	and Address	Describe the Property		Date		Value of the
		1	Explain what happened	I			property
11.		before you filed for bankruptc use to make a payment becau the details.		luding a bank or fir	nancial institutior	n, set off any a	amounts from your
	Creditor Name	and Address	Describe the action the creditor took Date taker			action was	Amount
12.		efore you filed for bankruptcy, d receiver, a custodian, or ano		erty in the possessi	ion of an assigne	e for the bene	efit of creditors, a
Pai	rt 5: List Certa	in Gifts and Contributions					
13.	■ No	pefore you filed for bankruptcy	y, did you give any gifts	s with a total value	of more than \$60	0 per person	?
	Gifts with a tota per person	al value of more than \$600	Describe the gifts		Dates the g	s you gave ifts	Value
	Person to Who Address:	m You Gave the Gift and					
14.	■ No	pefore you filed for bankruptcy		s or contributions v	vith a total value	of more than	\$600 to any charity?
	Gifts or contrib more than \$600 Charity's Name	outions to charities that total	Describe what you	ı contributed		s you ributed	Value
Do							
Fal	rt 6: List Certa	IIII LUSSES					

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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	or gambling?								
	■ No □ Yes. Fill in the details.								
	Describe the property you lost and how the loss occurred	Include	be any insurance of the amount that ins ce claims on line 33	urance has paid. I	ist pending	Date of your loss	Value of property lost		
Par	7: List Certain Payments or Transfers	i							
	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or publicly any attorneys, bankruptcy petition p	reparin	g a bankruptcy pe	tition?	•				
	■ No □ Yes. Fill in the details.								
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	ou	Description and transferred	value of any prop	erty	Date payment or transfer was made	Amount of payment		
	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	litors or	to make payment			y or transfer any prop	perty to anyone who		
	■ No □ Yes. Fill in the details.								
	Person Who Was Paid Address		Description and transferred	value of any prop	erty	Date payment or transfer was made	Amount of payment		
	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.								
	Yes. Fill in the details.		Decarintian and	value of	Deceril		Data transfer was		
	Person Who Received Transfer Address Person's relationship to you		Description and property transfer		payme	pe any property or nts received or debts exchange	Date transfer was made		
10		runtev	did vou transfer a	ny nronerty to a s	alf-sattlad	trust or similar devic	e of which you are a		
13.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No								
	Yes. Fill in the details. Name of trust		Description and	value of the prop	erty transf	erred	Date Transfer was		
					,		made		
Par	8: List of Certain Financial Accounts,	Instrun	nents, Safe Depos	it Boxes, and Sto	rage Units				
	Within 1 year before you filed for bankrup sold, moved, or transferred? Include checking, savings, money marke houses, pension funds, cooperatives, as ■ No	t, or oth	er financial accou	nts; certificates o	of deposit;	•	•		
	Yes. Fill in the details.								
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)		t 4 digits of ount number	Type of accour instrument		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		

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Debtor 1 Kenzie R. Current Case number (if known) 19-48626

21.	 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? 							
	■ No							
	Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
22.	Have you stored property in a storage unit or p	place other than your home within 1	year before you filed for bankruptcy	?				
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
Par	9: Identify Property You Hold or Control for	Someone Else						
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	ty you borrowed from, are storing for	, or hold in trust				
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Par	10: Give Details About Environmental Inform	nation						
For	he purpose of Part 10, the following definitions	s apply:						
	Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these su	air, land, soil, surface water, ground	- ·					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	-	aw, whether you now own, operate, o	or utilize it or used				
	Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or		waste, hazardous substance, toxic s	substance,				
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of wher	they occurred.					
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environme	ental law?				
	No Yes. Fill in the details.							
	Name of site	Governmental unit	Environmental law, if you	Date of notice				
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		Date of notice				
25.	Have you notified any governmental unit of any release of hazardous material?							
	■ No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

26.	Ha	ve you been a party in any judicial or ad	ministrative proceeding under any envi	ronmental law? Include settle	ements and orders.					
		■ No								
		Yes. Fill in the details.								
		ase Title ase Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Pa	rt 11	Give Details About Your Business or	Connections to Any Business							
27.	Wit	thin 4 years before you filed for bankrup	tcy, did you own a business or have an	y of the following connection	s to any business?					
		☐ A sole proprietor or self-employed	in a trade, profession, or other activity,	either full-time or part-time						
		☐ A member of a limited liability com	pany (LLC) or limited liability partnershi	ip (LLP)						
		☐ A partner in a partnership								
		☐ An officer, director, or managing ex	recutive of a corporation							
		☐ An owner of at least 5% of the votir	ng or equity securities of a corporation							
		No. None of the above applies. Go to Part 12.								
		Yes. Check all that apply above and fil	I in the details below for each business	i.						
		usiness Name	Describe the nature of the business	Employer Identification number						
		Idress umber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.						
				Dates business existed						
28.		thin 2 years before you filed for bankrup titutions, creditors, or other parties.	tcy, did you give a financial statement t	o anyone about your busines	s? Include all financial					
	_									
		No Yes. Fill in the details below.								
		ame	Date Issued							
		idress umber, Street, City, State and ZIP Code)								
Pa		: Sign Below								
are with	true 1 a b	ead the answers on this Statement of Fin and correct. I understand that making a ankruptcy case can result in fines up to C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property,	or obtaining money or proper						
/s/	Ker	nzie R. Current								
		e R. Current ure of Debtor 1	Signature of Debtor 2							
		June 24, 2019	Date							
	_	·			- 40 - 10					
■ I	-	attach additional pages to Your Statem	ent of Financial Affairs for Individuals F	-iling for Bankruptcy (Official	Form 107)?					
_ `										
Did ■ 1	-	pay or agree to pay someone who is no	ot an attorney to help you fill out bankru	ptcy forms?						
		Name of Person Attach the Bankru	uptcy Petition Preparer's Notice, Declaration	on, and Signature (Official Form	119).					

Case number (if known) 19-48626

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Debtor 1 Kenzie R. Current

Statement of Financial Affairs for Individuals Filing for Bankruptcy